

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 508028	RECEIPT DATE:	03 / 06 / 00
IA NUMBER:	PCT/ US98 / 11721	IA FILING DATE:	06 / 05 / 98
FAMILY NAME:	CHAPMAN	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	GRAHAM M	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 05 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PET 43 US	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:		CUSTOMER NUMBER:	000000 TELEPHONE 0000000000
			FAX
NAME: JOHN A WATERS			
WATERS & MORSE			
STREET: 125 OTTAWA AVENUE NW			
SUITE 400			
CITY: GRAND RADIDS			
STATE/COUNTRY: MI ZIP: 49503			
EMAIL:			
APPLICATION TITLES:			
PLASTIC MASKING COVER			

TAB TO LAST POSITION.PUSH SEND